

Case Number:	CM15-0197586		
Date Assigned:	10/16/2015	Date of Injury:	04/20/2015
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female with an industrial injury dated 04-20-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder sprain and strain, left elbow sprain and strain, left wrist sprain and strain with De Quervain's tenosynovitis and sleep disturbance. Medical records (07-15-2015) indicate left shoulder, left hand and left wrist complaints. Physical exam (07-15-2015) revealed tenderness to palpitation along the left upper trapezius, decreased motor power in the left deltoid, biceps and left interossei, due to pain, tenderness along the supraspinatus deltoid complex of the left shoulder, decrease left shoulder and elbow range of motion, tenderness of the radial structures of the left wrist, and positive Finkelstein's test on the left wrist. According to the progress note dated 08-25-2015, the injured worker reported left shoulder pain, intermittent left elbow pain, and left wrist pain with numbness, tingling and weakness. Pain level was 5 out of 10 for the left shoulder and 3 out of 10 for the left wrist on a visual analog scale (VAS). Objective findings (08-25-2015) revealed mild distress and left upper extremity guarding. Documentation noted no change in physical exam since last visit on 07-15-2015. Treatment has included Naproxen 550mg, chiropractic treatment and periodic follow up visits. Documentation noted that the chiropractic treatment was not helpful and the treating physician will request physical therapy and acupuncture therapy to decrease pain and increase mobility. The injured worker work status is modified duties. The utilization review dated 09-10-2015, non-certified the request for physical therapy for the left upper extremity (shoulder, elbow and wrist), quantity: 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy for the left upper extremity (shoulder, elbow and wrist), quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The injured worker sustained a work related injury on 04-20-2015. The medical records provided indicate the diagnosis of left shoulder sprain and strain, left elbow sprain and strain, left wrist sprain and strain with De Quervain's tenosynovitis and sleep disturbance. Treatments have included Naproxen 550mg, chiropractic treatment and periodic follow up visits. The medical records provided for review do not indicate a medical necessity for Physical therapy for the left upper extremity (shoulder, elbow and wrist), quantity: 12 sessions. The medical records indicate the worker was injured on 04/20/15; therefore, the applicable guidelines are the chronic pain guidelines. MTUS recommends a fading treatment of 8-10 visits over 4-8 weeks followed by home exercise program. Therefore, the requested treatment is not medically necessary.